



North Carolina Sheriffs' Education and Training and Standards Commission

North Carolina Department Of Justice

Sheriffs' Standards Division

Post Office Drawer 629

Raleigh, North Carolina 27602

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Roy Cooper
Attorney General

Julia Lohman
Director

REPORT OF SEPARATION

Form F5

☐ DEPUTY SHERIFF ☐ DETENTION OFFICER

INSTRUCTIONS: Please type or print all information clearly. This form shall be completed upon separation from one or both certified positions. **This form must be submitted to the commission NO LATER THAN 10 DAYS AFTER FINAL SEPARATION.** A copy of this form must be retained in the appointing Agency's personnel file.

SEPARATING AGENCY _____ PHONE NUMBER _____

ADDRESS _____ ZIP CODE _____

AGENCY ORI NUMBER (IF APPLICABLE) NC

OFFICER'S NAME _____
(First) (Middle) (Last)

CURRENT HOME ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

DATE OF EMPLOYMENT: DEPUTY _____ DETENTION OFFICER _____

POSITION/RANK _____ ☐ Full-time ☐ Part-time

Date of Separation _____

☐ Retirement ☐ Resignation ☐ Dismissal ☐ Death ☐ At the discretion of the Sheriff

Reason: _____

I, as an official representative of this agency, do advise that the named officer has been separated from this agency on the date indicated herein. In addition, pursuant to the requirements of 12 NCAC 10B(c) the officer has been notified of this separation as evidenced by his/her signature below or the attached letter.

Signature of Sheriff or Registered Authorized Representative

Title

Date

Signature of Officer

Date

Revised 12/2002